



STATE OF WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
BUREAU FOR MEDICAL SERVICES



Office of Pharmacy Service  
Prior Authorization Criteria

**CGRP Receptor Antagonists**

Aimovig® (erenumab-aooe)  
Emgality™ (galcanezumab-gnlm)  
Ajovy™ (fremanezumab-vfrm)

**Effective 02/28/2019**

**Prior Authorization Request Form**

*AIMOVIG, EMGALITY and AJOVY are calcitonin gene-related peptide receptor antagonists indicated for the preventive treatment of migraine in adults.*

**Prior authorization requests for may be approved if the following criteria are met:**

1. The patient is within the age range as recommended by the FDA label; **AND**
2. Prescriber is a specialist or has consulted a specialist such as neurologist; **AND**
3. Patient is experiencing at least 4 migraine days per month requiring acute pharmacological management\*.

\*Claims data must indicate the use of acute therapy as well as at least 90 days of prophylaxis therapy within the most recent 12 months prior to the request. **The use of samples shall not be considered;**  
**AND**

4. **Patient has failed to achieve therapeutic goals after using one of the listed agents from each of the following classes of preventative medications.** Individual trials may be waived when evidence is presented indicating the presence of a direct contraindication due to a clinically significant allergy, drug interaction or adverse effect. Listed are the doses at which efficacy has generally been observed:
  1. **Beta Blockers** – metoprolol (50 – 200 mg daily), propranolol (40-160 mg daily), timolol (10-30 mg daily), nadolol (20-240 mg daily), atenolol (25-100 mg daily)
  2. **Antidepressants** – amitriptyline (20-50 mg qHS), venlafaxine (75-150 mg daily)
  3. **Anticonvulsants** – valproate (500-1500 mg daily), topiramate (100 mg daily)

Agents may be used alone or in combination, but records must indicate that the patient was compliant on each of the agents for at least 90 consecutive days.

**Initial prior authorization approval will be for 3 months.** Additional therapy may be approved only with clinical documentation showing a 50% reduction in either the number of headache days per month or the overall symptom severity (as measured by MIDAS or HIT-6) compared to baseline.



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**References**

- 1.) Aimovig Package Insert (5/2018)
- 2.) Emgality Package Insert (9/2018)
- 3.) Ajovy Package Insert (9/2018)
- 4.) UpToDate (Chronic Migraine) – Aug 10, 2018
- 5.) LexiComp monograph on Aimovig (reviewed 8/22/2018)
- 6.) ICER Calcitonin Gene-Related Peptide (CGRP) Inhibitors as Preventative Treatments for Patients with Episodic or Chronic Migraine: Effectiveness and Value (April 11, 2018)
- 7.) Preventative treatment in migraine and the new US guidelines. Neuropsychiatr Dis Treat. 2013; 9: 709-720.
- 8.) American Academy of Neurology 2012 Update: Pharmacologic Treatment for Episodic Migraine Prevention in Adults